Pediatric Special Health Care Needs: Apnea Monitors

I. All Provider Levels

1. Follow the General Patient Care guidelines in section A1.

2. Establish patient responsiveness. If cervical spine trauma is suspected, manually stabilize the spine.

3. Assess the patient's airway and breathing including determination of rate and effort and adequacy of ventilation as determined by inspection and auscultation.

   A. Obtain a pulse oximeter reading.

4. If child is not breathing, then open the airway and begin bag valve ventilation using 100% oxygen.

   A. If the child has a tracheostomy tube, follow the tracheostomy protocol in section V1 to manage the tracheostomy tube.

5. If airway cannot be maintained, begin ventilations with B-V-M and initiate advanced airway management using a combi-tube.

> ***Note Well:*** *Do not use a combi-tube on a patient younger than 16 years of age or less than 5-feet tall.*

> ***Note Well:*** *The EMT-I and EMT-P should use ET intubation.*

6. Check pulse.

   A. If no pulse is present, begin chest compressions and follow the appropriate protocol.

7. Assess circulation and perfusion.

8. Ask the caregivers for the child's baseline vital signs.

Pediatric Special Health Care Needs: Apnea Monitors

I. All Provider Levels (continued)

9. Look at the apnea monitor and determine the alarm code (i.e. heart rate, apnea, etc).

10. Check the electrodes or monitor chest belt and ensure proper placement.

11. Make sure that the monitor is powered and is not low on batteries.

12. If the child is in respiratory distress or cardiac arrest, call for ALS support.

    A. Initiate care and do not delay transport waiting for an ALS unit.

> ***Note Well:*** *BLS providers should transport the child on the apnea monitor.*

II. Advanced Life Support Providers

1. Initiate cardiac monitoring.

> ***Note Well:*** *Disconnect and power off the apnea monitor to prevent interference with ALS cardiac monitor*

    A. Treat any arrhythmias with the appropriate protocol.

2. Bring the apnea monitor to the hospital.

III. Transport Decision

1. If breathing is adequate, place the child in a position of comfort and administer 100% oxygen.

2. Bring any of the child's medical charts or medical forms that the caregiver may have, as well as any supplies for other adjuncts the child may have.

> ***Note Well:*** *Some caregivers carry a "go bag" for their children with extra supplies. Ask the parent if they have a "go bag" or similar bag for their child and bring it to the hospital.*

3. Bring the apnea monitor to the hospital with the child.

> ***Note Well:*** *BLS providers should transport the child on the apnea monitor.*

4. Initiate transport to the nearest appropriate facility as soon as possible.

5. Perform focused history and detailed physical exam en route to the hospital.

6. Reassess at least every 3-5 minutes or more frequently as necessary and possible.

This protocol was developed and revised by Children's National Medical Center, Center for Prehospital Pediatrics, Division of Emergency Medicine and Trauma Services, Washington, D.C.

This Page Intentionally Left Blank